

**State of New Hampshire
Department of Administrative Services**

Employee Gender Transition Form
(Please print clearly)

Employee ID #:	Employee Name:
Effective Transition Date:	Employee Chosen Name as of Transition (if different):
<p>I understand that this Form is optional and I do not need to complete it.</p> <p>I understand that this document will be placed in my personnel file with the Division of Personnel and, as of the effective transition date, state employee records in my personnel file will reflect the name that I choose to be identified as going forward.</p> <p>I understand that certain personnel records, such as W-9 form, cannot be changed without a legal name change and/or medical documentation.</p> <p>I also understand that, if I want employee records that exist before the transition date to be changed to reflect my chosen name, I will contact the Division of Personnel.</p> <p><input type="checkbox"/> By marking this box, I am requesting that this document not be provided to future employers as part of my personnel file.</p>	
Employee Signature:	Date:
Human Resources Director's Signature:	Date: